Attorney Docket No.: MONT-00600

HAVERSTOCK & OWENS LLP 162 North Wolfe Road Sunnyvale, California 94086 (408) 530-9700

Customer No.: 28960

In re Application of: Serial No.: Filed: Entitled:

Fabian Montero 10/723,532

November 26, 2003 MOTORCYCLE HELMET WINDSHIELD CONTROL SYSTEM AND METHOD 3765

Group Art Unit:

Examiner Name:

Rodney M. Lindsey

MAIL STOP RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

Sir:

1.

This is a Request for a Continued Examination (RCE) under 37 CFR § 1.114 of the above-identified application.

CERTIFICATION UNDER 37 CFR § 1.08

I hereby certify that this correspondence is being deposited with the United mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450 February 14, 2006.), Alexandria, VA 22313-1450, Mail Stop RCE,
Francis Guerra	125
(Name of Person Mailing Paper)	Signature
Submission required under C.F.R. § 1.114	
a. Previously submitted	

Consider the amendment(s)/reply under 37 C.F.R. § 1.116 previously filed on

	(Any unentered amendment(s) referred to above will be entered)	
	ii Consider the arguments in the Appeal Brief or Reply Brief previously filed on	,
	iii Other	
bX	Enclosed	
	i. X Amendment/Response	
	ii Affidavit(s)/Declaration(s)	
	iii Information Disclosure Statement (IDS)	
	iv. X Other Request for One Month Extension of Time	
Miscellane	ous	
a	Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of months. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. § 1.17(i) required)	90 00
bX		
c	Applicant is entitled to small entity status	00000088 10723532
Fees The	RCE fee under 37 C.F.R. § 1.17(e) is required by 37C.F.R. § 1.114 when the RCE is filed.	900
a. <u>X</u>	The Director is hereby authorized to charge the following fees, or credit any overpayments to Deposit Account No.: <u>08-1275</u> .	000
	i. X RCE fee required under 37 C.F.R. § 1.17(e)	z
	ii. X Extension of time fee (37 C.F. R. § § 1.136 and 1.17)	HAHMED1
	iii. X Other One (1) new independent claim	<u> </u>
b. <u>X</u>	Check in the amount of \$\frac{\$555.00}{}\$ (\$395.00 to cover the Request for Continued Examination Filing fee, \$100.00 for one (1) new independent claim plus \$60.00 to cover the extension of time within the first month) is enclosed	4006/
с	Payment by credit card (form PTO-2038 enclosed)	
<u>x</u>	Return Receipt Postcard	
Dated:	2-14-06 By: Jumb / Dr / My	_
	Name: Thomas B. Haverstock Registration No. 32 571	-